



Federal Employee Program.

#### PARATHYROID HORMONE ANALOGS

**Bonsity\*\* (teriparatide), Forteo\* (teriparatide), Teriparatide\* (teriparatide)  
Tymlos (abaloparatide)**

\*Prior authorization for this product applies only to formulary exceptions due to being a non-covered medication

\*\*This medication is included in this policy but is not available on the market as of yet.

## Pre - PA Allowance

None

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## Prior-Approval Requirements

**Age** 18 years of age or older

### Diagnoses

#### Tymlos ONLY

Patient must have **ONE** of the following:

1. Postmenopausal women with osteoporosis
2. Men with osteoporosis

**AND ONE** of the following:

- a. History of an osteoporotic low trauma fracture of the spine, hip, proximal humerus, pelvis, or distal forearm
- b. Inadequate treatment response, intolerance, or contraindication to oral or injectable bisphosphonate

**AND NONE** of the following:

- a. Risk for osteosarcoma
- b. Paget's disease
- c. Unexplained elevations of alkaline phosphatase
- d. Prior bone radiation
- e. Bone metastases or a history of skeletal malignancies
- f. Metabolic bone diseases other than osteoporosis
- g. High levels of calcium
- h. Cumulative lifetime therapy with parathyroid hormone analogs exceeds 24 months (see Appendix 1)
- i. Concurrent therapy with other human parathyroid hormone related peptide analogs (see Appendix 1)
- j. Concurrent therapy with another Prior Authorization (PA) medication for osteoporosis (see Appendix 2)



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### **Bonsity, Forteo, and Teriparatide ONLY**

*Prior authorization for Forteo and Teriparatide applies only to formulary exceptions due to being a non-covered medication*

Patient must have **ONE** of the following:

1. Postmenopausal women with osteoporosis

**AND ONE** of the following:

- a. History of an osteoporotic low trauma fracture of the spine, hip, proximal humerus, pelvis, or distal forearm
- b. Inadequate treatment response, intolerance, or contraindication to oral or injectable bisphosphonate

2. Primary or hypogonadal osteoporosis in men

**AND ONE** of the following:

- a. History of an osteoporotic low trauma fracture of the spine, hip, proximal humerus, pelvis, or distal forearm
- b. Inadequate treatment response, intolerance, or contraindication to oral or injectable bisphosphonate

3. Osteoporosis associated with sustained systemic glucocorticoid therapy

**AND ONE** of the following:

- a. History of an osteoporotic low trauma fracture of the spine, hip, proximal humerus, pelvis, or distal forearm
- b. Inadequate treatment response, intolerance, or contraindication to oral or injectable bisphosphonate **AND** the following:
  - i. Currently receiving or will be initiating glucocorticoid therapy

**AND ONE** of the following for all indications:

- a. Cumulative lifetime therapy with parathyroid hormone analogs does not exceed 24 months (see Appendix 1)
- b. Patient remains at or has returned to having high risk for fracture despite a total of 24 months of use of parathyroid hormones

**AND NONE** of the following for all indications:

- a. Risk for osteosarcoma



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- b. Paget's disease
- c. Unexplained elevations of alkaline phosphatase
- d. Prior bone radiation
- e. Bone metastases or a history of skeletal malignancies
- f. Metabolic bone diseases other than osteoporosis
- g. High levels of calcium
- h. Concurrent therapy with other human parathyroid hormone related peptide analogs (see Appendix 1)
- i. Concurrent therapy with another Prior Authorization (PA) medication for osteoporosis (see Appendix 2)

## Prior - Approval Limits

### Quantity

Medication	Quantity
Bonsity	3 multi-dose prefilled pens per 84 days <b>OR</b>
Tymlos	3 multi-dose prefilled pens per 90 days <b>OR</b>

Medication <i><u>with Approved Formulary Exception (FE) Only</u></i>	Quantity
Forteo	3 multi-dose prefilled pens per 84 days <b>OR</b>
Teriparatide	3 multi-dose prefilled pens per 84 days

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## Prior – Approval *Renewal* Requirements

**Age** 18 years of age or older

**Diagnoses**

**Tymlos ONLY**

Patient must have **ONE** of the following:



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1. Postmenopausal women with osteoporosis
2. Men with osteoporosis

**AND NONE** of the following:

- a. Risk for osteosarcoma
- b. Paget's disease
- c. Unexplained elevations of alkaline phosphatase
- d. Prior bone radiation
- e. Bone metastases or a history of skeletal malignancies
- f. Metabolic bone diseases other than osteoporosis
- g. High levels of calcium
- h. Cumulative lifetime therapy with parathyroid hormone analogs exceeds 24 months (see Appendix 1)
- i. Concurrent therapy with other human parathyroid hormone related peptide analogs (see Appendix 1)
- j. Concurrent therapy with another Prior Authorization (PA) medication for osteoporosis (see Appendix 2)

#### **Bonsity, Forteo, and Teriparatide ONLY**

*Prior authorization for Forteo and Teriparatide applies only to formulary exceptions due to being a non-covered medication*

Patient must have **ONE** of the following:

1. Postmenopausal women with osteoporosis
2. Primary or hypogonadal osteoporosis in men
3. Osteoporosis associated with sustained systemic glucocorticoid therapy

**AND ONE** of the following for all indications:

- a. Cumulative lifetime therapy with parathyroid hormones does not exceed 24 months
- b. Patient remains at or has returned to having high risk for fracture despite a total of 24 months of use of parathyroid hormones

**AND NONE** of the following:

- a. Risk for osteosarcoma
- b. Paget's disease
- c. Unexplained elevations of alkaline phosphatase



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- d. Prior bone radiation
- e. Bone metastases or a history of skeletal malignancies
- f. Metabolic bone diseases other than osteoporosis
- g. High levels of calcium
- h. Concurrent therapy with other human parathyroid hormone related peptide analogs (see Appendix 1)
- i. Concurrent therapy with another Prior Authorization (PA) medication for osteoporosis (see Appendix 2)

### Prior - Approval *Renewal* Limits

#### Quantity

Medication	Quantity
Bonsity	3 multi-dose prefilled pens per 84 days <b>OR</b>
Tymlos <b>*Only ONE renewal</b>	3 multi-dose prefilled pens per 90 days <b>OR</b>

Medication <i><u>with Approved Formulary Exception (FE) Only</u></i>	Quantity
Forteo	3 multi-dose prefilled pens per 84 days <b>OR</b>
Teriparatide	3 multi-dose prefilled pens per 84 days



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### Appendix 1 - List of human parathyroid hormone related peptide analogs

Generic Name	Brand Name
abaloparatide	Tymlos
teriparatide	Bonsity
teriparatide	Forteo
teriparatide	Teriparatide

### Appendix 2 - List of PA Osteoporosis Medications

Generic Name	Brand Name
abaloparatide	Tymlos
denosumab	Prolia
romosuzumab-aqqg	Evenity
teriparatide	Bonsity
teriparatide	Forteo
teriparatide	Teriparatide